

PART B - FEE(S) TRANSMITTAL

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(1) FEE(S) INDICATED ON THE FORM OVERLAY (see Block 1 for change of address)

210 580 05/16/2009

MERCK AND CO., INC.
P O BOX 2000
RAHWAY, NJ 07065-0907

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(Docket or name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAME INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/559,153	12/05/2005	Nigel J. Liverton	2141AP	9069

TITLE OF INVENTION: 1 FLUORO-PIPERIDIN-5 AS NMDA/NR2B ANTAGONISTS

APPN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	08/19/2009

EXAMINER	ART UNIT	CLASS-SUBCLASS
CHANDRAKUMAR, NIZAL S	1625	514-316000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363)
 Change of correspondence address (or Change of Correspondence Address form PTGB-122) attached.

"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47, Rev. 03-02, or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list
(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. W. Ullrich Probst...
2. John C. Todaro
3. _____

3. ASSIGNEE'S NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for transmission as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

4. (A) NAME OF ASSIGNEE

Meck & Co., Inc.

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

5. The following fee(s) are submitted:

- Issue Fee
- Publication Fee (No small entity discount permitted)
- Advance Order - # of Copies

4b. Payment of fee(s): (Please first reapply any previously paid issue fee shown above)

- A check is enclosed.
- Payment by credit card. Form PTO-2038 is attached.
- The Director is hereby authorized to charge the account(s), any deficiency, or credit any overpayment, to Deposit Account Number *5000000000000000* (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
- b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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